

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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1. Committee Information			
a. Full Name Committee to Elect Pam DeMaria for Town Council		c. ID Number 3JM559	
b. Mailing Address (include City, State and Zip Code) 3905 Waters Reach Ln Indian Trail, NC 28079		d. Date Filed 09/29/2015	
		e. Phone Number 704 821 6577	
2. Report Year 2015			
3. Period Start Date (mm/dd/yy) 01/01/2015		4. Period End Date (mm/dd/yy) 09/22/2015	
5. Treasurer Full Name Nancy Lynn Jacobsen			
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name BB+T		a. Financial Institution Full Name PayPal	
b. Purpose Checking	c. Account Code 01	b. Purpose Online payment and receipt	c. Account Code 02
d. Period Begin Balance \$ 00.00		d. Period Begin Balance \$ 0.00	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Nancy Jacobsen Printed Name of Signer		Nancy Jacobsen Signature of Appointed Treasurer	
		09/22/2015 Date	
FOR OFFICE USE ONLY			
Date Received:	9/30/15	Employee:	K. Gaumnin
Date Postmarked:	9/29/15	Employee:	K. Gaumnin
Date Scanned:	10/1/15	Employee:	K. Gaumnin
Date Data Entered:		Employee:	
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Pam DeMaria for Town Council		Thirty-Five Day		3JM229	
Start of Election Cycle:		January 1,		2015	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 760.00		\$ 760.00	
6) Contributions from Individuals (CRO-1210)		\$ 4,812.59		\$ 4,812.59	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5,572.59		\$ 5,572.59	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,752.53		\$ 4,752.53	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 62.59		\$ 62.59	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,815.12		\$ 4,815.12	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 757.47		\$ 757.47	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 1,627.74			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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Union Co. Board of Elec.

Aggregated Contributions from Individuals

Page

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Committee to Elect Pam DeMaria for Town Council				2. ID Number 3JM229	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	Cash		07/28/2015	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/25/2015	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		07/29/2015	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		07/29/2015	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		08/01/2015	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		08/15/15	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		08/15/15	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		08/28/2015	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		08/28/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		08/28/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		09/03/2015	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		09/10/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		09/10/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		09/14/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 760.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 760.00

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Union Co. Board of Elections

Contributions from Individuals

Pg 1 of 5

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577			b. Job Title/Profession Homemaker		d. Comments	
			c. Employer's Name/Specific Field N/A			
			e. Election Sum to Date \$ 695.42			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/14/2015	\$ 250.00	
<input type="checkbox"/>	01	Check		08/13/2015	\$ 400.00	
<input type="checkbox"/>		Credit Car	Fruit Juice	08/24/2015	\$ 6.84	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nila Modesta Salazar Fish 11001 Magna Ln Indian Trail, NC 28079 704 698 2990			b. Job Title/Profession Homemaker		d. Comments	
			c. Employer's Name/Specific Field N/A			
			e. Election Sum to Date \$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/21/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gail Marie Furr 1002 Horton Ridge Ct Indian Trail, NC 28079 704 684 1331			b. Job Title/Profession President/Marketing		d. Comments	
			c. Employer's Name/Specific Field M&W Marketing/ Medical Instruments			
			e. Election Sum to Date \$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/29/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,156.84	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,812.59	

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Union Co. Board of Elections

Contributions from Individuals

Pg 2 of 5

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeff D. Sherman 2017 Hartwicke Pl Charlotte, NC 28270-9776			Retired			
			c. Employer's Name/Specific Field			
			Digital Journalism and Advertising, Newspapers, Commercial Printing			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		07/29/2015		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Debra M. Kinsey 15374 Catawba Circle S. Matthews, NC 28104 704-917-1941			Store Owner			
			c. Employer's Name/Specific Field			
			Miscellaneous Store Retailer			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		07/31/2015		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael Urquhart 2808 Chip Shot Dr. Matthews, NC 28104			VP/Operations			
			c. Employer's Name/Specific Field			
			Telecommunications			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		07/30/2015		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Union Co. Board of Elections	
					\$ 400.00	
5. Total of ALL CRO-1210 Pages						
					\$ 4,812.59	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Helms 3216 McLendon Rd Matthews, NC 28104			Owner/Insurance Agent			
			c. Employer's Name/Specific Field			
			Insurance Carrier			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		08/11/2015		\$ 100.00
<input type="checkbox"/>	01	Check		08/13/2015		\$ 100.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark Tantillo 6306 Archerfield Court Waxhaw, NC 28173 704 243 6504			Business Owner			
			c. Employer's Name/Specific Field			
			Auto Body Repair			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		08/27/2015		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christine Marie White 2523 E Providence Dr. Charlotte, NC 28270			Owner			
			c. Employer's Name/Specific Field			
			Miscellaneous Store Retailer			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		08/31/2015		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,812.59	

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Contributions from Individuals

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Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
R Dean Harrell 2400 Beulah Church Rd. Matthews, NC 28104 704 821 6358			Owner			
			c. Employer's Name/Specific Field			
			Construction/Land Development			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		08/28/2015		\$ 2,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577			Homemaker			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 695.42	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		Credit Car	Fruit	08/27/2015		\$ 1.58
<input type="checkbox"/>		Cash	Door Prize	08/27/2015		\$ 10.00
<input type="checkbox"/>		Credit Car	Postage	09/08/2015		\$ 2.54
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tiffany McGee 5013 Singletree Lane Indian Trail, NC 28079			Director			
			c. Employer's Name/Specific Field			
			Power Supply Company			
					e. Election Sum to Date	
					\$ 9.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		Credit Car	Coffee	08/29/2015		\$ 9.96
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 2,024.08	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,812.59	

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Contributions from Individuals

Pg 5 of 5

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pamela DeMaria 1108 Hunters Trail Dr Indian Trail, NC 28079			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
			YMCA		e. Election Sum to Date	
				\$ 31.67		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cash	UCBOE Regis Fee	07/14/2015	\$ 5.00	
<input type="checkbox"/>		Cash	IT Vendor Space	09/01/2015	\$ 20.00	
<input type="checkbox"/>		Credit Card	Bagels	08/29/2015	\$ 6.67	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 31.67	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,812.59	

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SEP 30 2015

Disbursements

Pg 1 of 3

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Pam DeMaria for Town Council					3JM559	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$ 0.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Pam DeMaria 1108 Hunters Trail Dr. Indian Trail, NC 28079 704-621-7336			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O + B	08/13/2015	\$1,145.44	Car Magnets, Bi Business Cards,	
01	Check	O + B	08/31/2015	\$ 379.67	Car Magnets, Rack Cards	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Huck's Sportswear 648-A Matthews Mint Hill Road Matthews, NC 28105 704-849-0517			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/11/2015	\$166.53	Sportsman Caps	
01	Debit Card	O	08/28/2015	\$729.10	T-shirts	
5. Total only this Page					\$ 2,420.74	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,752.53	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; justify-content: space-between;"> <div> A* - Media E - Salaries I - Postage O* - Other </div> <div> B* - Printing F* - Equipment J - Penalties </div> <div> C* - Fundraising G - Political Party K* - Office Expenses </div> <div> D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund </div> </div>						
* Codes require detailed explanation in required remarks						

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SEP 30 2015

Union Co Board of Elections

Disbursements

Pg 3 of 3

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Committee to Elect Pam DeMaria for Town Council					2. ID Number 3JM559	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam DeMaria 1108 Hunters Trail Dr. Indian Trail, NC 28079 704 621 7336			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,091.91	
f. Account Code 01	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 09/09/2015	j. Amount \$ 566.80	k. Required Remarks Web Services	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Call Printing & Copying 311 Indian Trail Road Indian Trail, NC 28079 704 821 6324			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 373.63	
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/04/2015	j. Amount \$ 373.63	k. Required Remarks Flyers	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Innovate Graphics 4600 Lebanon Rd Mint Hill, NC 28227 704-573-1180			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,310.61	
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/21/2015	j. Amount \$ 314.25	k. Required Remarks Banners and labels	
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/22/2015	j. Amount \$ 171.60	k. Required Remarks	
5. Total only this Page					\$ 1,426.28	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,752.53	
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expense Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks						

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SEP 30 2015

Union County Board of Elections

Disbursements

Pg 2 of 3

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Committee to Elect Pam DeMaria for Town Council					2. ID Number 3JM559	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) United States Post Office 200 Postage Way Charlotte, NC 28277-9770 (800) 275-8777			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 5.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	I	07/31/2015	\$5.75	Postage	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MNAA 8001 N. Tryon St. Charlotte, NC 28262 704-750-9609			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
02	Paypal	O	08/22/2015	\$ 75.00	Advertisement	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Innovate Graphics 4600 Lebanon Rd Mint Hill, NC 28227			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,310.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	B	09/03/2015	\$ 149.08	Car Magnets	
01	Debit Card	B	09/14/2015	\$ 675.68	Business Cards, Bio Cards	
5. Total only this Page					\$ 905.51	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,752.53	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; justify-content: space-between;"> <div> A* - Media E - Salaries I - Postage O* - Other </div> <div> B* - Printing F* - Equipment J - Penalties </div> <div> C* - Fundraising G - Political Party K* - Office Expenses </div> <div> D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund </div> </div>						
* Codes require detailed explanation in required remarks field (k.)						

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SEP 30 2015

In-Kind Contributions

Pg 1 of 2

Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect PamDe Maria for Town Council Mayor		3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Pam DeMaria 1108 Hunters Trail Dr Indian Trail, NC 28079 704-621-7336		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 31.67	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Union County Board of Elections Registration Fee		07/14/2015	\$ 5.00
Town of Indian Trail CAC Vendor Space Fee		09/01/2015	\$ 20.00
Bagels		08/29/2015	\$ 6.67
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Tiffany McGee 5013 Singletree Ln Indian Trail, NC 28079 704 287 1509		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 9.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Coffee		08/29/2015	\$ 9.96
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 670.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fruit Juice		08/24/2015	\$ 6.84
Fruit		08/27/2015	\$ 1.58
Door Prize		08/27/2015	\$ 10.00
4. Total only this Page		\$ 60.05	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 62.59	

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SEP 30 2015

Union Co. Board of Elections

In-Kind Contributions

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) Committee to Elect Pam DeMaria for Town Council		2. ID Number 3JM559	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 670.96	
e. Description Postage		f. Date (mm/dd/yyyy) 09/08/2015	g. Fair Market Amount \$ 2.54
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 2.54	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 62.59	

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SEP 30 2015

Union Co. Board of Elections

Debts and Obligations Owed By the Committee

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Pam DeMaria for Town Council		3JM559	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Pam DeMaria 1108 Hunters Trail Dr. Indian Trail, NC 28079 (704) 621-7336		b. Description of Creditor Candidate	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0	\$ 600.71	\$ 600.71	\$ 600.71
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
John's Place 3016 Weddington Road Matthews, NC 28105 (704) 847-1560		07/29/2015	\$ 526.00
		g4. Purpose Code	g5. Required Remarks
		C	Food and Beverage
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
Mario's Pizza 2945 Weddington Matthews Road Matthews, NC 28105		08/28/2015	\$ 74.71
		g4. Purpose Code	g5. Required Remarks
		O	Meet and Greet
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 600.71	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 1,627.74	
6. Purpose Codes (List detailed expenditure code in (g4.))			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

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CRO-1610

NC State Board of Elections

February 2011

SEP 30 2015

Union Co. Board of Elections

Debts and Obligations Owed By the Committee

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Pam DeMaria for Town Council		3JM559	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Pam DeMaria 1108 Hunters Trail Dr Indian Trail, NC 28079 (704) 621-7336		b. Description of Creditor Candidate	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0	\$ 1,027.03	\$ 1,027.03	\$ 1,027.03
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
Innovate Graphics 648 Matthews-Mint Hill Rd. Matthews, NC 28105 (704) 849-0597		08/19/2015	\$ 1,027.03
		g4. Purpose Code	g5. Required Remarks
		B	Yard Signs
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 1,027.03	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 1,627.74	
6. Purpose Codes (List detailed expenditure code in (g4.))			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

CRO-1610

NC State Board of Elections

February 2011

SEP 30 2015

Union Co. Board of Elections